

## **Instructions for Completing STC Request for Special or Out of State Certification**

**AGENCY NAME:** Enter the name of the STC participating agency that will be submitting the application.

**CONTACT PERSON:** Enter the name and telephone number of the person who can answer questions about this application.

**PARTICIPANT(S):** Enter the name and title of the STC eligible employee(s) for whom training credit is being requested.

**JOB TITLE(S):** Enter the job title of the proposed participants.

**COURSE TITLE:** Enter the complete title of the course.

**COURSE DESCRIPTION:** Please attach a copy of the course announcement or flyer that clearly shows the amount of training hours. If the course description is not self-explanatory, please describe more fully on a separate page.

**TOTAL TRAINING HOURS:** Enter the total number of STC eligible training hours requested. Only actual training hours should be included. Time for non-training activities such as welcoming speeches, registration, luncheon meetings, etc. do not qualify.

**COURSE DATES:** Enter the date(s) the course is scheduled.

**LOCATION:** Enter the city/state where the training will be concluded.

**TUITION:** Enter the tuition to be paid with your STC funds. ***STC will allow up to \$10.00 per training hour for tuition.*** Exclude any portion of the course enrollment costs that do not directly relate to the training, such as registration fees for hospitality events, association membership, etc. Also, exclude also travel, meal and lodging costs from tuition. These costs may be chargeable to your STC fund per diem and travel categories but do not specify them here.

**RELEVANCE:** Clearly describe the nature of the proposed participant's job assignment and how this training relates to his/her specific assignment.

**OBJECTIVES:** Identify at least 2 specific instructional objectives which describe the job-related knowledge or skill the participants will be able to demonstrate upon course completion.

**JUSTIFICATION:** Please explain why it is necessary to attend this particular course in lieu of a regularly certified STC course. For instance, the training can be obtained locally at no cost to your department; the timing of the offering is consistent with the training needs of the employee; the employee has a unique job assignment that is not easily addressed by regularly certified STC courses.

**DEPARTMENT RESPONSIBILITY:** This section must be signed and dated by the department administrator. This assurance means that the department will also be responsible for submitting to the Board of Corrections a Special Certification Course Roster and Evaluation Form (D204) within 30 days after the course offering. This form will be sent to you upon approval of this request.